



Maynard Building Department

195 Main Street
Maynard, MA 01754
Tel: (978) 897-0574
Fax: (978) 897-8457

Approved by _____
Date _____
Permit # _____
Fee _____
Check # _____

APPLICATION FOR PERMIT TO INSTALL ROOFING OR SIDING

Location of Building

No. _____ Street _____ Map _____ Parcel _____

Owner _____ Phone _____

Address _____ Zip Code _____

Use of Structure _____

Contractor _____ Phone Number _____

Company Name _____ HIC# _____ Exp. Date _____

Address _____ CSL# _____ Exp. Date _____

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."

Describe Existing Roofing and/or Siding

Roofing Material _____ No. of layers _____ Pitch _____

Distance to nearest structure _____ Type of ventilation provided _____

Siding Material _____

Description of Proposed Work

Layers of roofing to be removed _____ Area of coverage (sq. ft) _____

Roof covering material and underlayment _____

Siding type & membrane _____

Additional work _____

Debris Disposal

Debris resulting from this work **shall** be disposed at _____
which is a properly licensed solid waste disposal facility as required by MGL, C 111, S 150A

Estimated Value of Improvement \$ _____

ADDITIONAL REMARKS _____

Signature of Applicant

Date

Received by _____ Date _____

**Complete Application must be accompanied by: 1) Workers' Compensation Insurance Affidavit
2) Form For Verification of Tax Status**